



## NOTICE OF CLAIM AND PROOF OF LOSS MEDIUM - TERM INSURANCE

This Notice of Claim and Proof of Loss – Medium Term Insurance application is for requesting a claim payment under the EXIM Medium Term Insurance program. An on-line version of this Notice of Claim and Proof of Loss is available on EXIM's website. EXIM encourages customers to submit in EXIM Online, <https://eximonline.exim.gov/apps/bap>, as it will facilitate EXIM's review and provide customers a faster response time.

**SECTION A - NAMES AND ADDRESS (please provide full names and addresses)**

<b>Insured:</b>	Name: _____	Click here if not applicable: <input type="checkbox"/>
Address: _____	Contact: _____	
City: _____ State: _____ Zip Code: _____	Email: _____	
Country: _____	Phone No.: _____	
<b>Assignee:</b>	Name: _____	Click here if not applicable: <input type="checkbox"/>
Address: _____	Contact: _____	
City: _____ State: _____ Zip Code: _____	Email: _____	
Country: _____	Phone No.: _____	
<b>Broker:</b>	Name: _____	Click here if not applicable: <input type="checkbox"/>
Address: _____	Contact: _____	
City: _____ State: _____ Zip Code: _____	Email: _____	
Country: _____	Phone No.: _____	
<b>Exporter:</b>	Name: _____	Click here if not applicable: <input type="checkbox"/>
Address: _____	Contact: _____	
City: _____ State: _____ Zip Code: _____	Email: _____	
Country: _____	Phone No.: _____	
<b>Buyer:</b>	Name: _____	Click here if not applicable: <input type="checkbox"/>
Address: _____	Contact: _____	
City: _____ State: _____ Zip Code: _____	Email: _____	
Country: _____	Phone No.: _____	
<b>Guarantor:</b>	Name: _____	Click here if not applicable: <input type="checkbox"/>
Address: _____	Contact: _____	
City: _____ State: _____ Zip Code: _____	Email: _____	
Country: _____	Phone No.: _____	
<b>Manufacturer</b>	Name: _____	Click here if not applicable: <input type="checkbox"/>
Address: _____	Contact: _____	
City: _____ State: _____ Zip Code: _____	Email: _____	
Country: _____	Phone No.: _____	

**SECTION B – POLICY AND ASSIGNMENT INFORMATION**

Policy Type:		(Total) Financed Portion approved:	
Policy Number:		Policy Payment Limit:	
Policy Effective Date:		Is the Policy Assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Expiry Date:		Assignment Date:	

**SECTION C - CLAIM INFORMATION**

Shipping date(s):		Did Buyer accept delivery of the product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funding date(s):		The first Default Date?	
Original Credit Terms:		Default Reason:	
Product:			
Special Conditions applicable:	<input type="checkbox"/> Security Interest <input type="checkbox"/> Guarantors <input type="checkbox"/> Other		

**SECTION D - DOCUMENTATION AND CERTIFICATIONS**

**D1. Required Documents:** To avoid processing delays, please provide all applicable items.

Invoice(s)	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
Bill(s) of Lading	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
Purchase Order(s) and/or Contract of Sale	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
Promissory Note (copies)	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
Collection Effort	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
Acceptance Advice	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
Evidence of Funding	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
Evidence of cash payment	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
Written demand of payment from the Buyer/Borrower	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
Written demand of payment from each guarantor	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
Evidence of required Security Interest	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
Beneficiary Certificate	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
Relevant Correspondence	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
Documents supporting compliance with the Special Conditions of the Policy	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
Credit Agreement(s)	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
Exporter's Certificate(s)	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
EXIM approved extensions or waivers	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
Completed EXIM Claim Certification form	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
Release and Assignment	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow

**D2. Other Documents:** Please list other documents supporting your claim.

	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow
	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Will Follow

**D3. Comments:** Use the space provided below to add any comments you wish to make regarding this claim, including a summary of the events leading up to this claim.

**SECTION E - PROMISSORY NOTE(S)**

**Note Information**

Attach a similar schedule for each note.

Check here if not applicable:

Have Promissory Note in Possession?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of payments:
Date of Promissory Note:	Interest rate:	<input type="checkbox"/> Fixed <input type="checkbox"/> Floating
Note Amount:	Rate Method of Calculation:	<input type="checkbox"/> 360/365 Days <input type="checkbox"/> 360/360 Days <input type="checkbox"/> 365/365 Days
Number of Installments:    Principal: _____ Interest: _____	Interest Rate Basis: <input type="checkbox"/> SOFR <input type="checkbox"/> PRIME <input type="checkbox"/> OTHER _____	
Date 1st Principal Due:	Date 1st Interest Due:	Have partial payments been applied to defaulted installments? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Installment Information (Provide complete amortization schedule for each promissory note)**

Installment Number	Installment Due Date(s) MM/DD/YYYY	Declining Outstanding Principal Balance	Principal Due	Principal Paid	Interest Due	Interest Paid	Interest Rate (%)

Additional Comments:

**SECTION F - CALCULATION OF ELIGIBLE LOSS**

Total Promissory Note Amount of all insured shipments (principal only):	
(-) Total Principal payments received:	
Subtotal Loss:	
(+) Unpaid Interest:	
<b>Net Loss:</b>	

**SECTION G – NOTICES AND SIGNATURE**

Name of Lender’s Authorized Representative: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Name of Lender: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**NOTICES**

Please refer to the Insured Certifications for Notice of Claim and Proof of Loss – Export Credit Insurance Policy posted on EXIM’s website as document [EIB 22-07](#). THE CERTIFICATIONS ARE INCORPORATED INTO THIS NOTICE OF CLAIM AND PROOF OF LOSS – EXPORT CREDIT INSURANCE POLICY AS IF FULLY SET FORTH HEREIN. When signing this Notice of Claim and Proof of Loss in the space provided below, the undersigned authorized representative signing on the Insured’s behalf certifies and represents that the undersigned is fully authorized to sign on the Insured’s behalf, and that THE UNDERSIGNED HAS READ the Lender Certifications for Notice of Claim and Proof of Loss – Export Credit Insurance Policy referenced above AND IS CERTIFYING, as appropriate, to all of the certifications set forth in that document.

The Lender is hereby notified that information requested by this application is done so under authority of the Export-Import Bank Act of 1945, as amended (12 USC 635 et. seq.); provision of this information is mandatory and failure to provide the requested information may result in EXIM being unable to determine eligibility for support. If any of the information provided in this application changes in any material way or if any of the certifications made herein become untrue, the applicant must promptly inform EXIM of such changes. The information provided will be reviewed to determine the participants’ ability to perform and pay under the transaction referenced in this application. EXIM may not require the information and applicants are not required to provide information requested in this application unless a currently valid OMB control number is displayed on this form (see upper right of each page). EXIM reserves the right to decline to process or to discontinue processing any application.

**Paperwork Reduction Act Statement:** We estimate that it will take you about 6 hours to complete this form. This includes the time it will take to read the instructions, gather the necessary facts, and fill out the form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. If you have comments or suggestions regarding the above estimate or ways to simplify this form, forward correspondence to EXIM and the Office of Management and Budget, Paperwork Reduction Project, OMB# 3048-0035 Washington, D.C. 20503